

# Work Order ID 148225

Monday, June 27, 2016 4:07:53 PM

**\*148225\***

Page 1

Item ID: D212-664-101TRN

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Turning Detail

Start Date: 7/6/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/12/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: Em

Date: 16/06/27

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start **\*NR1\***

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| D212-664-141 | E            |

100

0.03

**\*100\***

Mori Seiki

MORI SEIKI CNC LATHE LARGE

Memo

0.18

Mori Seiki CNC Lathe Large

1- Fill tube with sand & install plugs 212-141 on both ends as per Folio FA113

2- Face both side of tube

3- Turn first taper section on both side as per folio FA113

4- Blend transition lines only with belt sander 60 grit \*\*Do not sand whole tube\*\*

FOLIO REV: 44  
DWG REV: E

DAS  
49  
9-89

110

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*110\***

QC

Memo

0.00

Quality Control

DAS  
49  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |

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Page 2

Item ID: D212-664-101TRN

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Turning Detail

Start Date: 7/6/2016 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 7/12/2016 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

120

**\*120\***

Mori Seiki

Mori Seiki CNC Lathe Large

MORI SEIKI CNC LATHE LARGE

Memo

1- Turn second taper on both side

2- Blend transition lines only with belte sander 60 grit, \*\*Do not sand whole tube\*\*:

FOLIO REV: AADWG REV: E

3- Remove sand and plugs

4- Scribe part # and batch # using vibrating stylus on the cuff as per Dwg D212-664-141

0.00

0.32

|   |   |  |            |
|---|---|--|------------|
| 1 | 0 |  | <i>JHS</i> |
|   |   |  | 16/7/7     |

DAS  
49  
9-89

130

**\*130\***

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

Memo

+ PERFORM ULTRA SONIC MEASUREMENT

0.00

0.00

|   |   |  |            |
|---|---|--|------------|
| 1 | 0 |  | <i>JHS</i> |
|   |   |  | 16/7/7     |

DAS  
49  
9-89

DAS  
49  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |  |                                                                                                                    |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |

**Work Order ID 148225****\*148225\***

Page 4

Monday, June 27, 2016 4:07:53 PM

Item ID: D212-664-101TRN

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Turning Detail

Start Date: 7/6/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/12/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

160

QC7-Inspect Chemical Conversion Coat

0.00

**\*160\***

QC

Memo

0.00

Quality Control

16-07-25

DAS  
19  
9-89

170

Packaging

0.00

**\*170\***

Packaging

Memo

0.00

Packaging

LOCATION : LG014

16-07-25

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.02

Quality Control

DAS  
21  
9-89

JUL 26 2016

30 7/26/16

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |



# Picklist Print

Monday, June 27, 2016 4:07:53 PM

Page 1

Work Order ID: 148225

**\*148225\***

Parent Item: D212-664-101TRN

**\*D212-664-101TRN\***

Parent Item Name: Crosstube Turning Detail

Start Date: 7/6/2016

Required Date: 7/12/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 08-03-06 new issue DD verified by:ec  
IPP Rev B 08.04.02 removed Polish EC verified by: DD

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D6005-128                       |                        | Manufactured  | No          |                     |                  | 120             | Each               | 101.0000       | 1           | 1            |               |                |        |

**\*D6005-128\***

Crosstube Material

**\*\***

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| HALL     | 54      |          |
| 123963   | 24      |          |
| 139414   | 30      |          |
| LG003    | 47      |          |
| 123965   | 32      |          |
| 75642    | 15      |          |

*JAS* 16/7/4

DAS  
49  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  | Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                      | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          | Engineering <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                  | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                | Other <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Completed By                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Lead hand / Supervisor Approval Verification |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | QC / QA Coordinator Approval                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |                       |                                              |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |                                     |                                    |                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

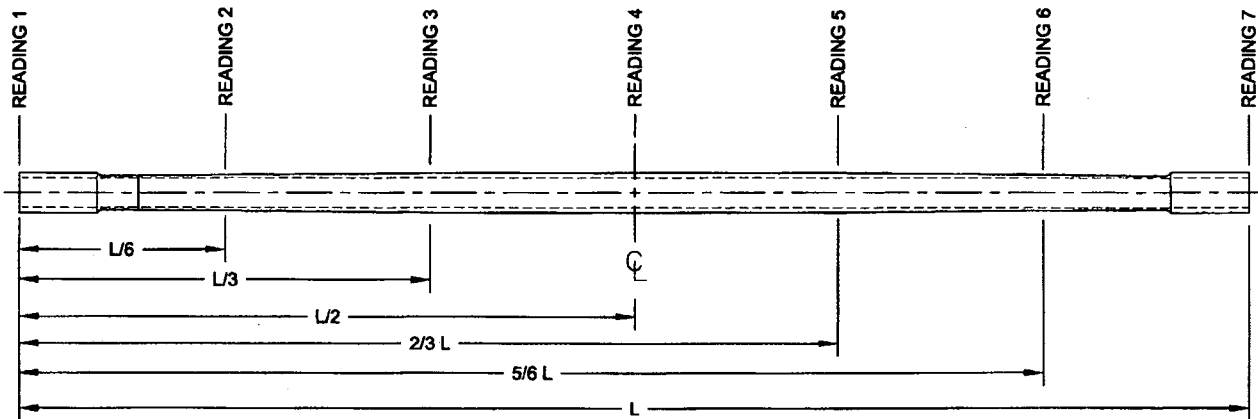
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|---------------------------------------------------------------|---------------------|---------------------|
| <b>DART AEROSPACE LTD</b>                                     | <b>Work Order:</b>  | <b>148225</b>       |
| <b>Description: Crosstube Assembly (205/212/412 High Fwd)</b> | <b>Part Number:</b> | <b>D212-664-141</b> |
| <b>Inspection Dwg: D212-664-141 Rev: E</b>                    |                     | <b>Page 1 of 2</b>  |

### FIRST ARTICLE INSPECTION CHECKLIST

| Inspection Sheet<br>Drawing Dimension |         | Tolerance     | Actual<br>Dimension | Accept | Reject | Method of<br>Inspection | Comments |
|---------------------------------------|---------|---------------|---------------------|--------|--------|-------------------------|----------|
| SIDE A                                | 0.200   | +/-0.010      | 0.200               | ✓      |        |                         |          |
|                                       | R0.063  | +/-0.010      | R.063               | ✓      |        |                         |          |
|                                       | 2.740   | +0.005/-0.000 | 2.743               | ✓      |        | Microcne04              |          |
|                                       | 5.097   | +/-0.030      | 5.097               | ✓      |        |                         |          |
|                                       | 2.304   | +0.005/-0.000 | 2.307               | ✓      |        | Microcne04              |          |
|                                       | 2.340   | +0.005/-0.000 | 2.343               | ✓      |        |                         |          |
|                                       | 2.398   | +0.005/-0.000 | 2.401               | ✓      |        |                         |          |
|                                       | 2.448   | +0.005/-0.000 | 2.451               | ✓      |        |                         |          |
|                                       | 2.498   | +0.005/-0.000 | 2.501               | ✓      |        |                         |          |
|                                       | 2.549   | +0.005/-0.000 | 2.554               | ✓      |        | Microcne04              |          |
|                                       | 2.599   | +0.005/-0.000 | 2.603               | ✓      |        |                         |          |
|                                       | 2.671   | +0.005/-0.000 | 2.674               | ✓      |        |                         |          |
|                                       | 2.701   | +0.005/-0.000 | 2.702               | ✓      |        |                         |          |
|                                       |         |               |                     |        |        |                         |          |
| SIDE B                                | 0.200   | +/-0.010      | 0.200               | ✓      |        | Microcne08              |          |
|                                       | R0.063  | +/-0.010      | R.063               | ✓      |        | RG                      |          |
|                                       | 2.740   | +0.005/-0.000 | 2.743               | ✓      |        | Microcne04              |          |
|                                       | 5.097   | +/-0.030      | 5.097               | ✓      |        | Tape                    |          |
|                                       | 2.304   | +0.005/-0.000 | 2.309               | ✓      |        | Microcne04              |          |
|                                       | 2.340   | +0.005/-0.000 | 2.343               | ✓      |        |                         |          |
|                                       | 2.398   | +0.005/-0.000 | 2.402               | ✓      |        |                         |          |
|                                       | 2.448   | +0.005/-0.000 | 2.452               | ✓      |        |                         |          |
|                                       | 2.498   | +0.005/-0.000 | 2.501               | ✓      |        |                         |          |
|                                       | 2.549   | +0.005/-0.000 | 2.554               | ✓      |        |                         |          |
|                                       | 2.599   | +0.005/-0.000 | 2.603               | ✓      |        |                         |          |
|                                       | 2.671   | +0.005/-0.000 | 2.673               | ✓      |        |                         |          |
|                                       | 2.701   | +0.005/-0.000 | 2.702               | ✓      |        |                         |          |
|                                       | 126.514 | +/-0.020      | 126.514             | ✓      |        | Tape                    |          |

|                                                               |                     |                    |
|---------------------------------------------------------------|---------------------|--------------------|
| <b>DART AEROSPACE LTD</b>                                     | <b>Work Order:</b>  | 148225             |
| <b>Description:</b> Crosstube Assembly (205/212/412 High Fwd) | <b>Part Number:</b> | D212-664-141       |
| <b>Inspection Dwg:</b> D212-664-141 <b>Rev:</b> E             |                     | <b>Page 2 of 2</b> |

### WALL THICKNESS MEASUREMENT



| Location                 | WALL THICKNESS MEASUREMENT (IN) |     |     |     | Deviation<br>$\Delta w$<br>(max-min) | TOLERANCE |
|--------------------------|---------------------------------|-----|-----|-----|--------------------------------------|-----------|
|                          | w1                              | w2  | w3  | w4  |                                      |           |
| READING 1<br>L = 0"      | 385                             | 375 | 377 | 382 | 0.010                                | 0.048"    |
| READING 2<br>L = 21.086  | 238                             | 243 | 246 | 238 | 0.008                                |           |
| READING 3<br>L = 42.172  | 351                             | 357 | 357 | 350 | 0.007                                |           |
| READING 4<br>L = 63.258  | 384                             | 380 | 383 | 383 | 0.004                                |           |
| READING 5<br>L = 84.344  | 357                             | 351 | 352 | 357 | 0.006                                |           |
| READING 6<br>L = 105.43  | 246                             | 237 | 240 | 246 | 0.009                                |           |
| READING 7<br>L = 126.514 | 387                             | 369 | 373 | 389 | 0.020                                |           |

DAS  
49  
9-89

#### Calibration Result

Actual Block Thickness: 100-400

Sitescan 250 Measured Thickness: 100-400

|                                        |                           |                              |
|----------------------------------------|---------------------------|------------------------------|
| <b>Measured by:</b> <i>[Signature]</i> | <b>Audited by:</b> DAS 47 | <b>Preliminary Approval:</b> |
| <b>Date:</b> 16/7/7                    | <b>Date:</b> 16-07-08     | <b>Date:</b>                 |

| Rev | Date     | Change                             | Revised by | Approved           |
|-----|----------|------------------------------------|------------|--------------------|
| C   | 07.05.28 | Dwg Rev updated (P/O D412-664-101) | KJ/JLM     |                    |
| D   | 10.02.02 | Dimension 126.514 was 126.51       | KJ         |                    |
| E   | 12.06.04 | Wall thickness form added          | KJ         |                    |
| F   | 14.06.05 | Dwg Rev updated                    | KJ         | <i>[Signature]</i> |

| Item | Qty<br>-141 | Qty<br>-141B | Qty<br>-141F | Part Number     | Description                                             |
|------|-------------|--------------|--------------|-----------------|---------------------------------------------------------|
| 1    | X           |              |              | D212-664-141    | CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)               |
| 2    |             | X            |              | D212-664-141B   | CROSSTUBE ASSEMBLY (214 HIGH FWD)                       |
| 3    |             |              | X            | D212-664-141F   | CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)<br>(ANODIZED) |
| 4    | 1           | 1            | 1            | D6005-128       | CROSSTUBE                                               |
| 5    | 2           |              | 2            | D2893-1         | SUPPORT                                                 |
| 6    | 4           | 4            | 4            | D3595-063-450   | RUBBER CUSHION                                          |
| 7    |             | 2            |              | D5017-1         | SUPPORT                                                 |
| 8    | 4           | 4            | 4            | MS21920-25      | CLAMP (OR MS21920-28)                                   |
| 9    | A/R         | A/R          | A/R          | PROSEAL 890 B-2 | SEALANT, AMS-S-8802 CLASS B-2                           |

#### GENERAL NOTES:

- MATERIAL: MANUFACTURED FROM D6005-128  
FINISHED LENGTH = 126.514±0.020
- FINISH -141 & -141B: a) CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
b) PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
c) MASK UNDERSIDE OF CROSSTUBE AS SHOWN (ZN C6-2 / C6-3, HATCHED AREA)  
d) PAINT OUTSIDE PER DART QSI 005 4.2  
e) REMOVE MASKING AND APPLY MATTE CLEAR COAT  
FINISH -141F: a) ANODIZE PER MIL-A-8625, TYPE II, CLASS 1.  
b) ALODINE (DO NOT ETCH) PER QSI 005 4.1.2  
c) PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
d) MASK UNDERSIDE OF CROSSTUBE AS SHOWN (ZN C6-2 / C6-3, HATCHED AREA)  
e) PAINT OUTSIDE PER DART QSI 005 4.2  
f) REMOVE MASKING AND APPLY MATTE CLEAR COAT  
**\*NOTE:** BETWEEN FINISHING OPERATIONS EXTREME CARE MUST BE TAKEN NOT TO CONTAMINATE OR DAMAGE FINISHED SURFACES.
- TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- UNITS: INCHES UNLESS OTHERWISE NOTED.
- BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS
- WEIGHT: D212-664-141/-141B/-141F = 33.6 lbs
- PART IS SYMMETRIC ABOUT CENTERLINE.
- EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.

#### MACHINING

- RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.

#### BENDING

- BEND PROGRESSIVELY WITH A MINIMUM OF 3 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 7.2% (BASED ON O.D.) IN LOWER HALF OF R35.5 BEND AND 8% (BASED ON O.D.) ON REMAINING TUBE.
- LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.

#### ASSEMBLY

- TO INSTALL D2893-1 / D5017-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- INSTALL MS21920-25 CLAMPS (OR -28) WITH D3595-063-450 RUBBER CUSHIONS TO SECURE THE SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE ON TOP SIDE OF CROSSTUBE.
- TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.

RELEASED  
2014-05-26  
WJD

|            |                                                                                                                                                                                                                                                                                                        |    |          |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| E          | ADD -141F, D5017-1 WAS D2893-1 (-141B), PROSEAL WAS MAGNOBOND, NOTE 2: ADD INSPECTION WINDOW, NOTE 11: ALLOW 7.2% CRUSH, NOTE 15: ADD 72HR CURE AND RETORQUE FOR PROSEAL, ADD SHEET 3, CLAMPS REVERSED TO PREVENT CHAFING (B7-2, B7-3), BEND HEIGHT TOL. NOW 0.25 WAS 0.13 (C1-3), INCORP. DEO D-1/2/3 | CP | 14.04.01 |
| D          | REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -141B (ZN B4-2, D4-2); REMOVED REF & ADD TOLERANCES (ZN B4-3, C6-3, C8-3 & B6-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4         | RF | 09.09.30 |
| C          | REMOVE -851 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS                                                                                                                                                                                                                                | PH | 07.03.08 |
| B          | ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES                                                                                                                                                                                                                                                      | PH | 05.02.04 |
| A          | NEW ISSUE                                                                                                                                                                                                                                                                                              | CP | 00.12.12 |
| REV.       | DESCRIPTION                                                                                                                                                                                                                                                                                            | BY | DATE     |
| DESIGN     |                                                                                                                                                                                                                                                                                                        |    |          |
| DRAWN      |                                                                                                                                                                                                                                                                                                        |    |          |
| CHECKED    |                                                                                                                                                                                                                                                                                                        |    |          |
| MFG. APPR. |                                                                                                                                                                                                                                                                                                        |    |          |
| APPROVED   |                                                                                                                                                                                                                                                                                                        |    |          |
| DE APPR.   |                                                                                                                                                                                                                                                                                                        |    |          |
| DATE       | 14.04.01                                                                                                                                                                                                                                                                                               |    |          |

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

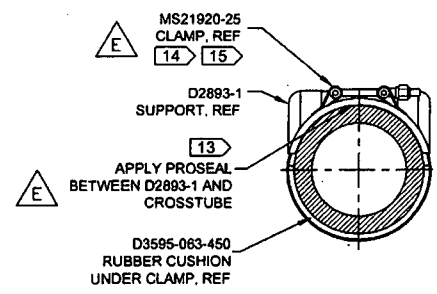
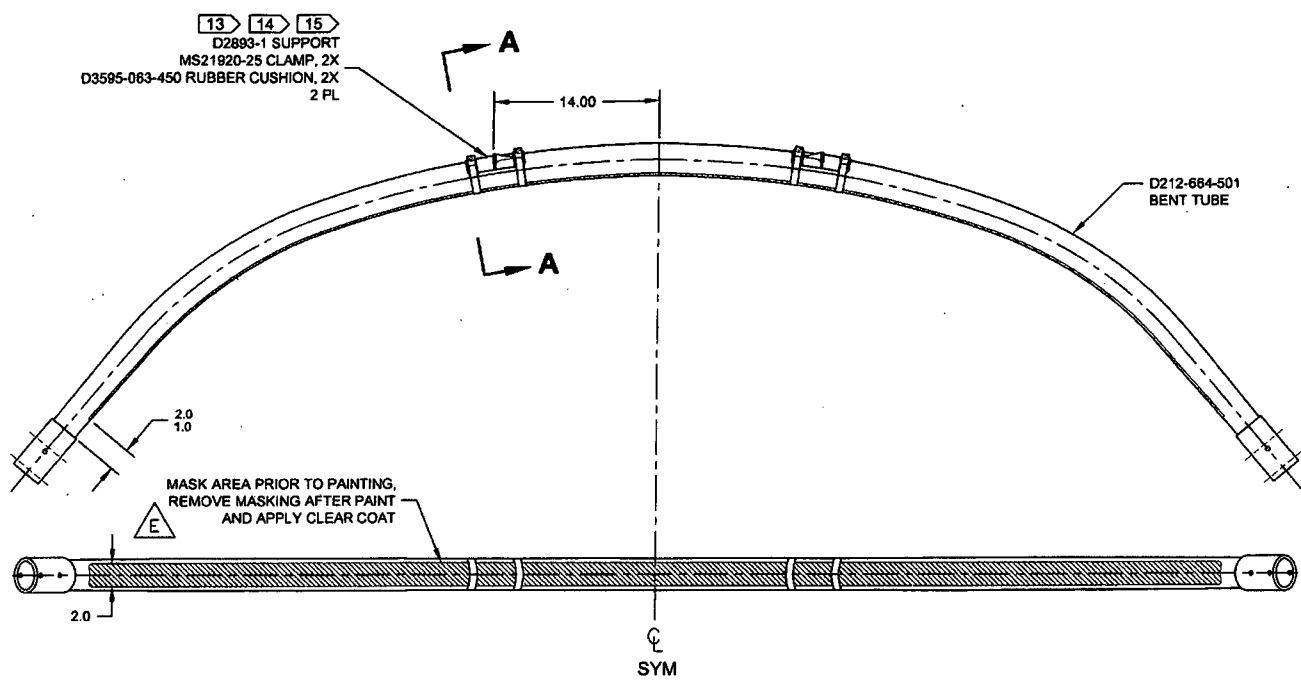
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D212-664-141 SHEET 1 OF 5  
TITLE SCALE  
XTUBE ASS'Y (205/212/412 HI FWD) NTS

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Rem 16/06/27

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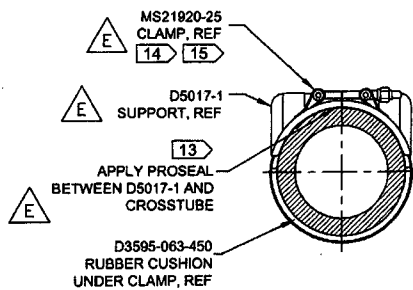
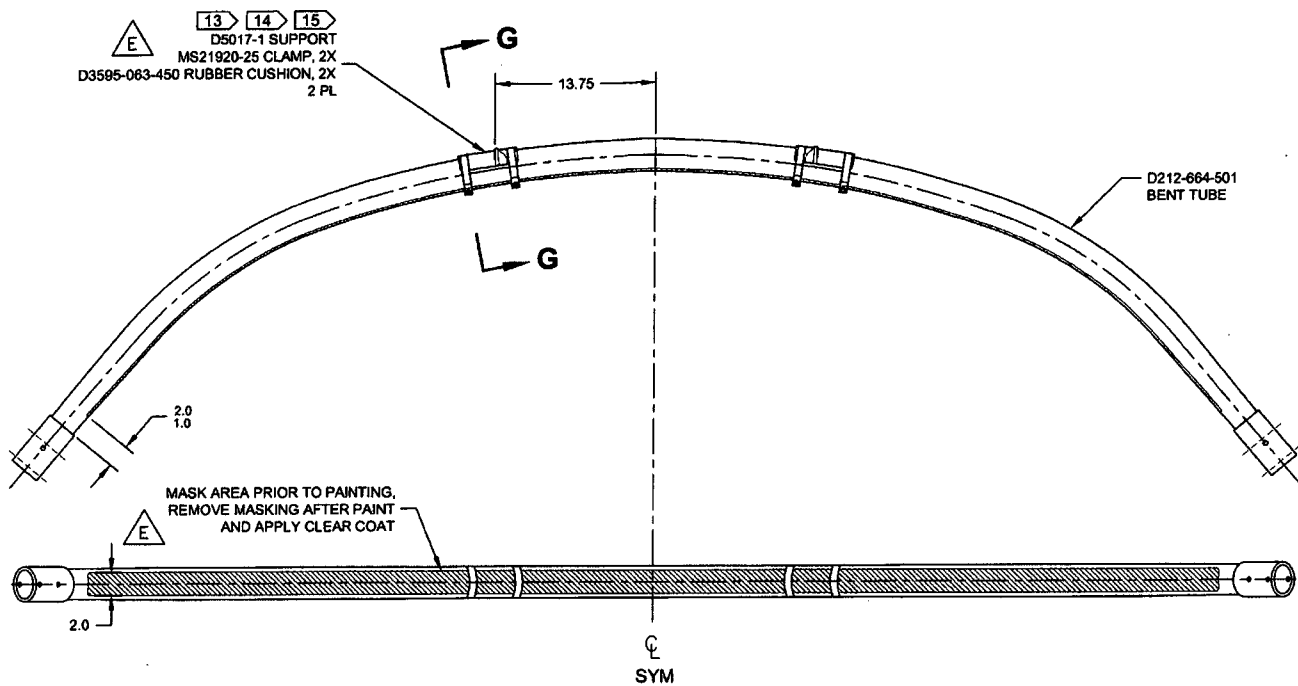
**SECTION A-A**  
SCALE 4X

**D212-664-141/-141F**  
**ASSEMBLY DETAIL**

**RELEASED**  
2014-05-26  
MND

|            |          |                                                                                                                                                                                                                                                                                      |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | DP       | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                            |              |
| DRAWN      | DP       | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                          |              |
| CHECKED    | DJ       | DRAWING NO.                                                                                                                                                                                                                                                                          | REV. E       |
| MFG. APPR. |          | D212-664-141                                                                                                                                                                                                                                                                         | SHEET 2 OF 5 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                | SCALE        |
| DE APPR.   |          | XTUBE ASS'Y (205/212/412 HI FWD)                                                                                                                                                                                                                                                     | NTS          |
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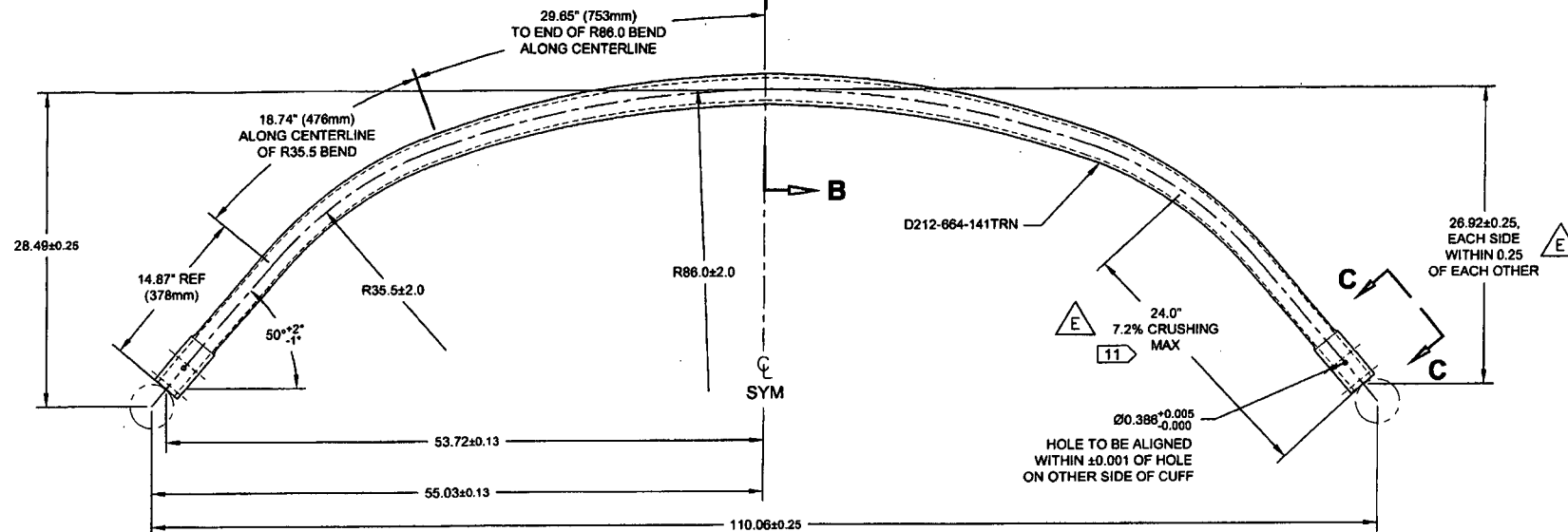


**SECTION G-G**  
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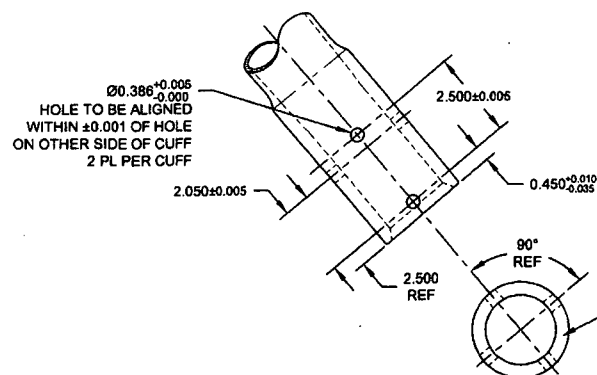
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**ASSEMBLY DETAIL**

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 2014-05-26

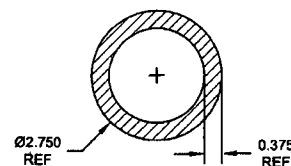
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| DESIGN                                                                                                                                                                                                                         | <i>Q</i>           | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          | <i>Q</i>           | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        | <i>Q</i>           | DRAWING NO.                            | REV. E       |
| MFG. APPR.                                                                                                                                                                                                                     | <i>[Signature]</i> | D212-664-141                           | SHEET 3 OF 6 |
| APPROVED                                                                                                                                                                                                                       | <i>[Signature]</i> | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       | <i>[Signature]</i> | XTUBE ASS'Y (205/212/412 HI FWD)       | NTS          |
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**D212-664-501**  
**BENDING AND DRILLING DETAIL**



**VIEW C-C: CUFF DETAIL**  
**SCALE 3X**

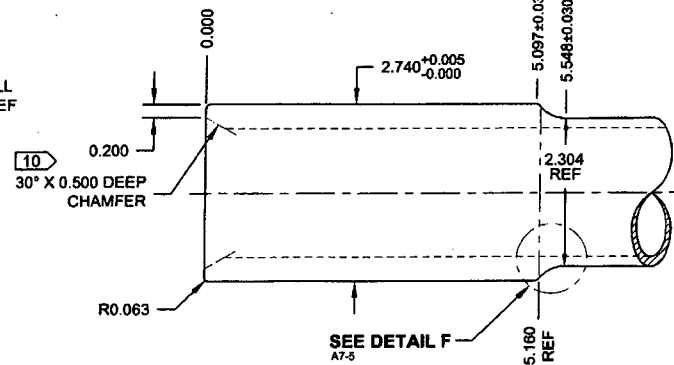
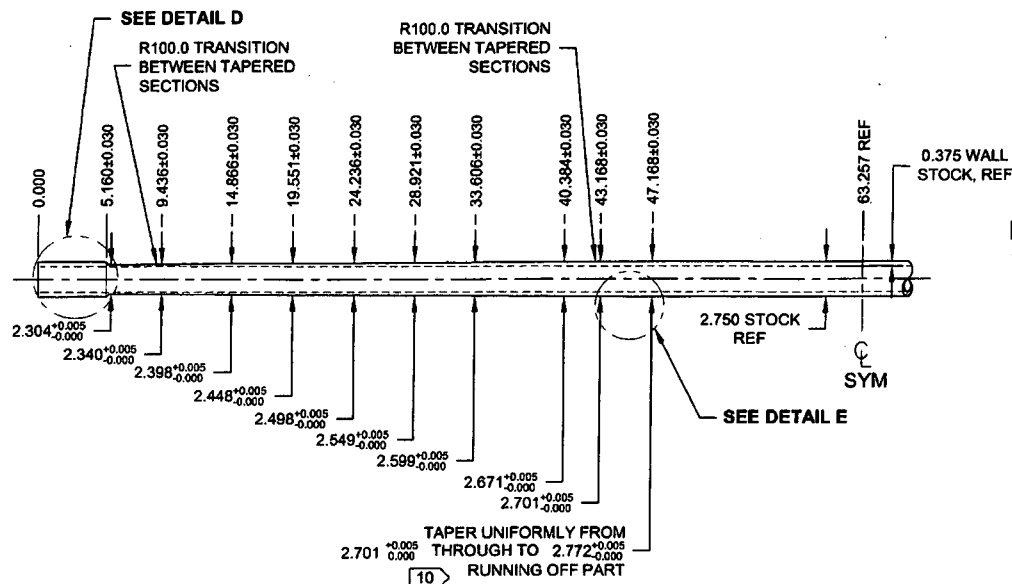


**SECTION B-B**  
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**RELEASED**  
2014-05-26

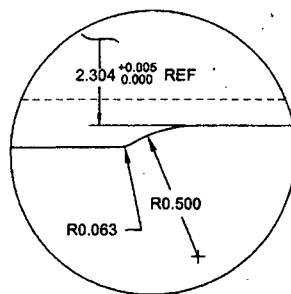
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| DESIGN                                                                                                                                                                                                                               | 92       | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                                | 92       | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                              | 92       | DRAWING NO.                            | REV. E       |
| MFG. APPR.                                                                                                                                                                                                                           | 92       | D212-664-141                           | SHEET 4 OF 5 |
| APPROVED                                                                                                                                                                                                                             | 92       | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                             | 92       | XTUBE ASS'Y (205/212/412 HI FWD)       | NTS          |
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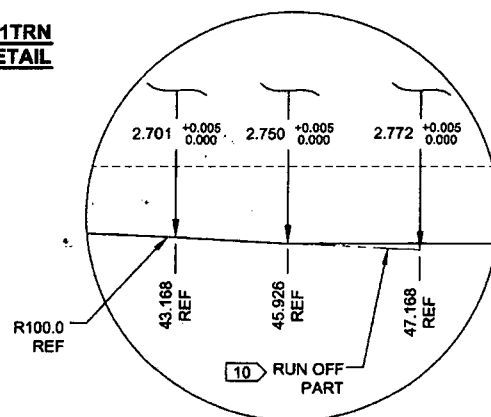


DETAIL D:  
CROSSTUBE CUFF  
SCALE 5X

D212-664-141TRN  
TURNING DETAIL



DETAIL F:  
CUFF TRANSITION  
SCALE 10X



DETAIL E:  
TAPER RUN-OFF  
NOT TO SCALE

RELEASED  
2014-05-26

|                                                                                                                                                                                                                      |                                                                                       |                                        |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                               |  | DART AEROSPACE LTD                     |              |
| DRAWN                                                                                                                                                                                                                |  | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                              |  | DRAWING NO.                            | REV. E       |
| MFG. APPR.                                                                                                                                                                                                           |  | D212-664-141                           | SHEET 5 OF 5 |
| APPROVED                                                                                                                                                                                                             |  | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                             |  | XTUBE ASS'Y (205/212/412 HI FWD)       | NTS          |
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